### FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEC Wall Processing Section

FORM D

OMB APPROVAL
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MAY 122008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC	USE ONLY
Prefix	Serial
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	1

Weshington, DC UNIFORM LIMITED OFFERING EXEMPT	TION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Series A and Series A-1 Convertible Preferred Stock of TopSchool, Inc.	
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6)	] nroe
Type of Filing: New Filing  Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)	08048693
TopSchool, Inc.	333 13333
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Regency Plaza One, 4643 S. Ulster Street, Suite 920, Denver, CO 80237 (9	49) 632-4710
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same as above.	ame as above.
Brief Description of Business	unio 45 450 v.
Software Developer.	
Solimate Developer.	OCTOSED
Type of Business Organization	PROCESSED
	ise specify):
business trust limited partnership, to be formed	PROCESSED MAY 1 9 2008
Month Year	2017EDS
Actual or Estimated Date of Incorporation or Organization: 0 4 0 8 Actual Estimat	ed THOMSON REUTERS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	

#### **GENERAL INSTRUCTIONS**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## -ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

	· · ·		A. BASIÇ IDI	ENTI	FICATION DATA				
2. Enter the information re	quested for the fol	lowing:						•	
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer has be	en organized w	ithin (	the past five years;				
Each beneficial ow	ner having the pow	er to vote	or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issue
Each executive off	icer and director o	f corporati	e issuers and of	corpo	rate general and man	aging	partners of	f partne	rship issuers; and
Each general and r	nanaging partner o	f partners!	nip issuers.						
			<u></u>						
Check Box(es) that Apply:	Promoter	Ber	eficial Owner	X	Executive Officer	X	Director	Ц	General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Schnittman, Matthew							·		
Business or Residence Addre	ss (Number and	Street, Ci	ty, State, Zip Co	ode)					
c/o TopSchool, Inc., Regen	cy Plaza One, 464	3 S. Ulste	er Street, Suite	920, 1	Denver, CO 80237				
Check Box(es) that Apply:	Promoter	Ber	neficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		<del></del>		<del></del>				
Alsop, Stewart									
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip Co	ode)					
1255 Battery Street, Suite 4			- •	,					
Check Box(es) that Apply:	Promoter	<u>-</u>	neficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		<del></del>						<del></del>
Kelsall, Doug									
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip C	ode)					
c/o TopSchool, Inc., Regen	•		•		Denver CO 80237				•
Check Box(es) that Apply:	Promoter		neficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Digiovanni, Tony									
Business or Residence Addre	ess (Number and	Street, Ci	ıy, State, Zip C	ode)	•				
c/o TopSchool, Inc., Regen	cv Plaza One, 464	3 S. Ulst	er Street, Suite	920.	Denver, CO 80237				
Check Box(es) that Apply:	Promoter		neficial Owner	X	<del>-</del>	X	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)						·		
Lo, Leon L.									
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip C	ode)					· · · · · · · · · · · · · · · · · · ·
c/o TopSchool, Inc., Regen	cy Plaza One, 464	i3 S. Ulst	er Street, Suite	920,	Denver, CO 80237				
Check Box(es) that Apply:	Promoter	<b>⊠</b> Bei	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Siena Equity Partners, LLC	:		•						
Business or Residence Addre		Street, Ci	ty, State, Zip C	ode)				-	
c/o TopSchool, Inc., Reger	icy Plaza One, 464	13 S. Ulst	er Street, Suite	920.	Denver, CO 80237				
Check Box(es) that Apply:	Promoter		neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Alsop Louie Capital, L.P.	,								
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip C	ode)					
1255 Battery Street, Suite				•					

# Add additional pages

2. Enter the information rec	quested for the follow		ENTIFICATION DATA		/清算度/000mm/2006/2006/2006/2006/2006/2006/200
· Each promoter of the	issuer, if the issuer I	has been organized within th	e past five years;		
Each beneficial owner	r having the power t	o vote or dispose, or direct t	he vote or disposition of, 10	% or more of a cla	ss of equity securities of the issuer.
· Each executive office	er and director of cor	porate issuers and of corpor	ate general and managing pa	irtners of partnershi	ip issuers;
Each general and ma	naging partner of par	rtnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	· · ·			
Katerjian, Harout					
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)			
c/o TopSchool, Inc., Reger	ncy Plaza One, 464	43 S. Ulster Street, Suite	920, Denver, CO 80237		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		, ,		
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)	····		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			<u> </u>	
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		·		
Business or Residence Addres	ss (Number and Street	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		-	·	
Business or Residence Address	ss (Number and Stre	et, City, State, Zip Code)			
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·	#11m2 + 4			1 P.	B. IN	FORMATI	ON ABOUT	r offerin	1G				
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١.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							<u></u>	186				
2.	What is	the minim	um investm			• •						s N/A	
	** 1341 13			em mar v	00 00001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					Yes	No
3.	Does the	e offering [	ermit joint	ownership	p of a sing	le unit?		***************************************		••••		X	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	•	Last name	first, if indi	vidual)						•			
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Bu	siness or	Kesidence	Address (N	umper and	Street, Ci	ty, State, Z	ip Code)						
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_			<del> </del>									<u>-</u> .	
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	(Спеск	All States	" or check	individuai	States)		•••••••				••••••	∐ A⊓	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WJ	MS OR WY	MO PA PR
Fu	II Name (I	Last name	first, if indi	vidual)	·								
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)					= .	<del></del>
Na	me of Ass	sociated Br	oker or Dea	aler			<u> </u>		<del></del> -				
Sta	ites in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	************	••••••	***		••••••	•••••••••••	□ AI	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	II Name (	Last name	first, if indi	ividual)						<u></u>			
Bu	isiness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	<del></del>					
Na	me of As	sociated B	roker or De	aler									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									□ AI	l States			
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>3</b>	\$
	Equity		
	☐ Common 😿 Preferred		
	Convertible Securities (including warrants)	3,199,766.90	<b>\$</b> 3,199,766.90
	Partnership Interests		
	Other (Specify)	· · · · · · · · · · · · · · · · · · ·	
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		<b>.</b>
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$_3,199,766.90
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		<b>\$</b>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>s</b>
	Printing and Engraving Costs	<u>-</u>	\$
	Legal Fees		\$100,000.00
	Accounting Fees	<del></del>	\$
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	<del>_</del> -	\$100,000.00

	C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given and total expenses furnished in response to Part C — Question 4.2 proceeds to the issuer."	a. This difference is the "adjusted gross		\$ <u>3,099,766.90</u>
	Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose is check the box to the left of the estimate. The total of the payment proceeds to the issuer set forth in response to Part C — Ques	is not known, furnish an estimate and nts listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] <b>\$</b>	<u></u> \$
	Purchase of real estate		] \$	<b>\$</b>
	Purchase, rental or leasing and installation of machinery and equipment	Г	<b>7</b> \$	<b>□</b> \$
	Construction or leasing of plant buildings and facilities	***		
	Acquisition of other businesses (including the value of secur offering that may be used in exchange for the assets or securissuer pursuant to a merger)	ities involved in this ities of another	_	
	Repayment of indebtedness	_		<del>-</del>
	Working capital			
	Other (specify):			
			] <b>\$</b>	
	Column Totals			
	Total Payments Listed (column totals added)		<b>≥</b> \$ 3,0	99,766.90
	D. FED	ERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigne nature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited inve	U.S. Securities and Exchange Commiss	sion, upon writte:	le 505, the following n request of its staff,
ss	uer (Print or Type) Signature		ate	
`o	pSchool, Inc.	HUCCO (	05/07/2008	
la	me of Signer (Print or Type) Title of S	igner (Print or Type)		
.e	on L. Lo President			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)